



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Board of Professional Counselors and Therapists
4201 Patterson Avenue, Suite 316
Baltimore, Maryland 21215
(410) 764-4732
www.dhmh.maryland.gov/bopc

CERTIFIED ALCOHOL AND DRUG APPROVED SUPERVISOR
PLEASE READ BEFORE COMPLETING APPLICATION

Current Alcohol and Drug Approved Supervisors, and CPC-AD (Certified Professional Counselor – Alcohol and Drug) holders are **NOT** required to complete this application and can continue to provide supervision.

QUALIFICATIONS:

As of November 11, 2013, to qualify as a Certified Alcohol and Drug Approved Supervisor, applicants must be at least a CAC-AD (Certified Associate Counselor Alcohol and Drug) certificate holder for at least 2 years **AND** have at least 3 years' experience in alcohol and drug counseling that includes 3,000 hours of direct client contact **AND** meet at least one of the following options by December 31, 2016.

1. Option 1: Two years' documented experience providing counseling supervision.
2. Option 2: 3 credit (5 quarter credit) undergraduate or graduate level course in counseling supervision from a regionally accredited college or university.
3. Option 3: 18 CEU's (continuing education units) in counseling supervision from an approved CEU program.
4. Option 4: Hold the Clinical Supervisor credential issued by ICRC (International Certification Reciprocity Consortium) or NAADAC (National Association for Alcohol and Drug Abuse Counselors).

After December 31, 2016 applicants must meet Option 2, Option 3, or Option 4.

SUPERVISEES:

Certified Alcohol and Drug Approved Supervisors provide supervision for the following:

1. CAC-AD (Certified Associate Counselor – Alcohol and Drug)
2. CSC-AD (Certified Supervised Counselor-Alcohol and Drug) and
3. Alcohol and Drug Trainees only pursuing either the CSC-AD or CAC-AD.

Certified Alcohol and Drug Approved Supervisors **shall not** provide supervision for the following:

1. LCADC (Licensed Clinical Alcohol and Drug Counselor)
2. LGADC (Licensed Graduate Alcohol and Drug Counselor)
3. CPC-AD (Certified Professional Counselor – Alcohol and Drug)
4. Alcohol and Drug Trainees pursuing either the LGADC or LCADC

The following are **INELIGIBLE** to provide supervision for Alcohol and Drug Counselors or Alcohol and Drug Trainees pursuing certification:

1. Licensed Graduate Counselors (Ex: LGADC, LGPC, LGMFT, LGSW, etc)
2. CSC-AD (Certified Supervised Counselor-Alcohol and Drug) and LSWA
3. Alcohol and Drug Trainee Counselors
4. A relative

**CERTIFIED ALCOHOL AND DRUG APPROVED SUPERVISOR
APPLICATION & INSTRUCTIONS**

SUBMIT NON-REFUNDABLE \$150.00 APPLICATION FEE: CHECK OR MONEY ORDER MADE OUT TO "BOARD OF PROFESSIONAL COUNSELOR AND THERAPISTS" AND COMPLETE THE APPLICANT INFORMATION BELOW:

APPLICANT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
NAME (TYPE OR PRINT)	LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME
DATE OF BIRTH	SOCIAL SECURITY #	HOME PHONE #	CELL PHONE #	EMAIL ADDRESS
CERTIFICATION NUMBER	ATTACH A COPY OF YOUR CURRENT CERTIFICATION			

HOME ADDRESS

STREET	CITY	COUNTY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)

STREET	CITY	COUNTY	STATE	ZIP CODE
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BUSINESS INFORMATION

PLACE OF BUSINESS					
BUSINESS ADDRESS	STREET	CITY	COUNTY	STATE	ZIP CODE
BUSINESS PHONE NUMBER	BUSINESS EMAIL				

CREDENTIALS AND EXPERIENCE:

AFTER DECEMBER 31, 2016 APPLICANTS MUST MEET OPTION 2, OPTION 3, OR OPTION 4.

I hereby affirm that as a current CAC-AD I have held my credential for at least (2) two years prior to applying, I have (3) three years experience in alcohol and drug counseling including 3,000 hours of direct client contact, **AND** I meet at least (1) **one** of the options listed below.

PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR CERTIFICATION AND REQUESTED DOCUMENTATION

Option 1: Two years documented experience providing counselor supervision (*Have supervisor, employer or colleague (have colleague attach copy of their credential) complete the "Experience Verification" section and attach it along with your application*). **DO NOT ATTACH A RESUME.**

OR

Option 2: Completed 3 semester credit (5 quarter credit) undergraduate or graduate level course in counseling supervision. (*Complete "Alcohol and Drug Coursework: Option 2" section and attach official transcript along with your application*).

OR

Option 3: Completed 18 CEU's (Continuing Education Units) in a Board approved continuing education program in counseling supervision. (*List CEU's in "Alcohol and Drug Coursework: Option 3" section and attach copies of CEU certificates along with your application*).

OR

Option 4: Hold the Clinical Supervisor credential from the ICRC (International Certification Reciprocity Consortium) or NAADAC (National Association of Alcoholism and Drug Abuse Counselors) Clinical Supervisor (NCESSADP) (*Complete "Alcohol and Drug Supervisor Credential: Option 4 and attach a copy of this credential along with your application*)

APPLICANT SIGNATURE _____ **DATE** _____

Board of Professional Counselors and Therapists
Certified Alcohol and Drug Approved Supervisor
Experience Verification: OPTION 1

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a **Certified Alcohol and Drug Approved Supervisor**. Your documentation of the applicant's alcohol and drug counseling experience will enable the Board to evaluate whether this applicant meets the requirements for "Approved Supervisor Status". **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) _____ has a minimum of 3 years' experience in alcohol and drug counseling, **including** 3000 hours of direct client contact **AND** has a minimum of 2 years' documented experience providing alcohol and drug supervision while working at (place of employment) _____ as a (job title) _____ from (dates of experience) _____ to _____.

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

Check one: Applicant's supervisor Applicant's employer Applicant's colleague (have colleague submit a copy of their mental health credential)

Your Name: _____

Signature: _____

Date: _____

Business Address: _____

(Zip code)

Daytime Contact: _____

Email _____

ALCOHOL AND DRUG COURSE WORK
Certified Alcohol and Drug Approved Supervisor

College Credits: OPTION 2

COUNSELING SUPERVISION COURSE: This 3 semester credit (5 quarter credit) undergraduate or graduate level course(s) may include but not limited to (1): Role and responsibilities of a supervisor, (2) the needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective, (3) the roll and responsibilities of a supervisor at gatekeeper to the profession, (4) methods for building effective and appropriate relationships with clients, (5) models for group supervision and (6) models and modalities for practice intervention. **PLEASE LIST THE COURSE BELOW AND ATTACH AN OFFICIAL TRANSCRIPT FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY WITH THIS FORM. UNOFFICAL TRANSCRIPTS ARE NOT ACCEPTABLE.**

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

<i>Required Courses</i>	<i>Course number(s) & Course title(s) Must be on transcript</i>	Credits Earned	College/University	<i>Date</i>	<i>Grade</i>
Counseling Supervision (Undergraduate or Graduate Level)					
Additional Course					

CERTIFIED APPROVED ALCOHOL AND DRUG SUPERVISOR
ALCOHOL AND DRUG SUPERVISOR CREDENTIAL: OPTION 4
ICRC OR NAADAC

Name	Street Address/ P.O. Box	City	State	Zip Code
Email	Home Phone Number	Cell	Business Phone	

PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR CREDENTIAL TO THIS FORM

I CURRENTLY HOLD THE CLINICAL SUPERVISOR (CS) CREDENTIAL ISSUED BY THE IC & RC (*INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM*) THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF _____.
(Maryland, Virginia, DC, etc)

OR

I CURRENTLY HOLD THE NATIONALLY ENDORSED CLINICAL SUPERVISOR FOR SUBSTANCE ABUSE DISORDER PROFESSIONALS CREDENTIAL (NECSSAP) ISSUED BY NAADAC (*NATIONAL ASSOCIATION OF ALCOHOL AND DRUG ABUSE COUNSELORS*) THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF _____.
(Maryland, Virginia, DC, etc)